## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

AUG 2 8 2007

SPRINGFIELD, ILLINOIS

(1)	(2) Annual Premium	(3) Percent	
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger		0.00%	
Commercial		0.00%	
Automobile Physical Damage			
Private Passenger		0.00%	
Commercial		0.00%	
Liability Other Than Auto		0.00%	
Burglary and Theft		0.00%	
Glass		0.00%	
Fidelity		0.00%	
Surety	- <del>11.11.12</del>	0.00%	.006
Boiler and Machinery	\$1,502		.006
Fire	<del></del>	0.00%	
Extended Coverage		0.00%	
Inland Marine	<del></del>	0.00%	
Homeowners	<del></del>	0.00%	
Commercial Multi-Peril		0.00%	
Crop Hail	<del></del>	0.00% 0.00%	
Other Life of Insurance		0.00%	
Does filing only apply to ce	rtain territory (territo	ries) or certain	
Brief description of filing. organization, specify organi	(If filing follows rat zation): Add Equipment Breakdov	es of an advisory vn Coverage to Property Policy	_
			<del>.</del>

The Dentists Insurance Company

Caroly Thyan

Name of Company

Official--Title

MAR 1.7 1983

FILED